EXHIBIT C

Case Un-10725-0WZ DOC 8854		OF OF CLAIM)∪.∠ə Pa lg	 C 	
Name of Debtor	Case Nu	mber			
USA Commercial Mortgage Company	06-107	25-LBR			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exparising after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else has filed a proof of claim relating		Y OWED MONEY BY A BORROWER BEING SERVICED BY THE	
Name of Creditor and Address BRUNO, VINCENT 4961 E PATTERSON AVE		to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	DEBTORS YOU DESTRUCTION OF CLAIM THIS BORROWER HEIDO NOT FILE THE SECURED INTER ONE OF THE DEIDE If you have alread Bankruptcy Court	DO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT	
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies of	debtor	III ronlo		E 10 1 OK OGOKT GOL OKLI	
2607		Check here replace or if this claim amen	 a previously 	filed claim dated	
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal	
Goods sold Personal injury/wrongful death Services performed Taxes		salaries, and compensation (digits of your SS #	fill out below)	Other claims against servicer (not for loan balances)	
Money loaned Other (describe briefly) [NVEST MONT CAPITAL NTA	I Innaid o	ompensation for services pe	rformed from	to (date) (date)	
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED.	(date) (date)	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	t best descri	be your claim and state the amo	unt of the claim at t	he time case filed	
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM			
Check this box if a) there is no collateral or lien securing your claim or b)		1 44	our claim is secui	red by collateral (including	
exceeds the value of the property securing it or if c) none or only part of you entitled to priority		a right of setoff)			
UNSECURED PRIORITY CLAIM	· · · · · · · · · · · · · · · · · · ·	Brief description of	-		
Check this box if you have an unsecured claim all or part of which is					
entitled to priority Value of Collateral \$ 50,000					
Amount entitled to priority \$		Amount of arrearage ar secured claim, if any		at time case filed included in	
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward		or rental of property or	
Wages salaries, or commissions (up to \$10 000)* earned within 180 days		services for personal family of			
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)		Taxes or penalties owed to go		• ,,,,	
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	نيا	Other - Specify applicable part * Amounts are subject to adjust			
		with respect to cases commer		date of adjustment	
AT TIME CASE FILED	र १००० र	487 \$		\$ 50,487	
(unsecured) Check this box if claim includes interest or other charges in addition to the	•	ecured)	(priority)	(Total)	
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary					
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim, enclose a stampe	d self-addressed	l envelope and copy of this	
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or	ı, prevailin	g Pacific time, on Novembe	er 13, 2006	THIS SPACE FOR COURT USE ONLY	
governmental units) BY MAIL TO BMC Group	•	OR OVERNIGHT DELIVERY TO		Foled Date	
Attn USACM Claims Docketing Center P O Box 911	Attn USA 1330 East	.CM Claims Docketing Cente t Franklin Avenue	r	Foled Date 9/29/2006	
El Segundo, CA 90245-0911 DATE SIGN and print the name and title if any of the		do, CA 90245			
this claim (attach copy of power of attorn		onior person aumonzed to file		USA CMC	
09/27/2006 Vinery 13	اب	w			
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonme	ent for up to	5 years or both 18 USC §§	152 AND 3571	1072500299	

FORM B10 (Official Form 10) (10/05)

TO NW DEC (Chicial Forth To) (TO/OS)						
UNITED STATES BANKRUPICY COURT	D	STRICT OF NEVADA	PROOF OF CLAIM			
Name of Dubtor	Case	Number	THOO! OF OUT HIM			
USA Commercial Mortgage Co.	B	C-S-06-10725 1br				
NOTE This form should not be used to make a claim for an administrative expense ina						
Name of Creditor (The person or other entity to whom the		eck box if you are aware that anyone				
dubtor owus money or property)		e has filed a proof of claim relating to ur claim. Attach copy of statement				
Peter M DiGrazia DMD PSP		ing particulars				
Name and address where notices should be sent		eck box if you have never received ar lices from the bankruptcy court in thi				
Christopher D. Jaime, Esq	cas	e ·	ŀ			
P.O. Box 30,000		eck box if the address differs from the fress on the envelope sent to you by				
Reno, NV 89520 Telephone number (775) 827-2000		court	THIS SPACE IS FOR COURT USE ONLY			
Last four digits of account or other number by which creditor identifies debtor		eck here replaces his claim amends a previously	filed claim, dated			
	L					
1 Basis for Claim Goods sold		Retiree benefits as defined in Wages salaries and compe				
Services performed		Last four digits of your SS				
Money loaned		Unpaid compensation for se	ervices performed			
☐ Personal injury/wrongful death ☐ Taxes		from	_ to			
☐ Other —		(date)	(date)			
2 Date debt was incurred 8/19/05	3	If court judgment, date obtain	ed N/A			
4 Classification of Claim Check the appropriate box or boxes the	at best de	scribe your claim and state the amou	nt of the claim at the time case filed			
See reverse side for important explanations		Secured Claim				
Unsecured Nonpriority Claim \$		Check this box if your clair	n is secured by collateral (including			
b) your claim exceeds the value of the property securing it or if c) none or only part of your claim, sentitled to priority						
Y Paul Class Charles Charles Charles Control						
Check this box if you have an unsecured claim all or part of which is Check this box if you have an unsecured claim all or part of which is						
Amount entitled to priority \$ Amount of arrearage and other charges at time case filed included in secured claim if any \$_2,583_35						
Specify the priority of the claim		Up to \$2,225* of deposits toward p	ourchase lease, or rental of property			
☐ Domestic support obligations under 11 USC § 507(a)(1)(A) of (a)(1)(B)	_	or services for personal family or § 507(a)(7)				
☐ Wages salaries, or commissions (up to \$10,000) * earned within		Taxes or penalties owed to government				
days before filing of the bankruptcy petition or cessation of the debto business whichever is earlier - 11 U S C \ 507(a)(4)	or's 🗀	Other - Specify applicable paragraph				
☐ Contributions to an employee benefit plan 11 USC § 507(a)		mounts are subject to adjustment on with respect to cases commenced o	A/I/O/ and every 3 years thereafter n or after the date of adjustment			
5 Total Amount of Claim at Time Case Filed	\$		52,583,35			
Check this box if claim includes interest or other charges in add interest or additional charges	ition to ti	(unsecured) (secured) ne principal amount of the claim Att	(priority) (Total) ach itemized statement of all			
6 Credits The amount of all payments on this claim has been	credited	and deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY			
making this proof of claim 7. Supporting Doguments: Attack consists of the second of			3,47			
7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase						
orders invoices itemized statements of running accounts, contracts court judgments mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary 8. Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelopes and copy of the proof of elements.						
documents are not available, explain If the documents are voluminous, attach a summary						
8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim						
Date Sign and print the name and title, if any, of the creditor or other person authorized to						
nie this claim (attach copy of power of attorney if any)						
8/14/06 Christopher D Jaime, Esq.			USA CMC			
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Complete Sections	Lase		JOC 8854-3			56.23Pag	C 4 ULTT
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Name of	f Debtor		Case	Number		1	
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		be filed pursuant to 11 U S C		filed a proof	of claim relating		
	f Creditor and				Attach copy of ving particulars		
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	SAINT CLOU	JD MN 56303-4253		BMC Group	in this case	SECURED INTER	EST IN A BORROWER THAT IS NOT
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					the address on the nt to you by the		or BMC you do not need to file again
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		other number by which credi		~i	ro repla	aces	
	7617	j		Check he if this cla		r a previously	flied Claim dated
1 BASIS	FOR CLAIM		Retu	ee benefits as o	efined in 11 U S	C § 1114(a)	Unremitted principal
Good	ds sold	Personal injury/wrongfu	ıl death		d compensation		Other claims against service
☐ Serv	rices performed	☐ Taxes	- نسا	four digits of yo	-	(IIII Out Delow)	(not for loan balances)
Mone	ey loaned	Other (describe briefly)		• •	n for services pe	erformed from	to
							(date) (date)
	DEBT WAS INCUR				GMENT, DATE		
	IFICATION OF CL. erse side for important	AIM Check the appropriate bo	ox or boxes that best d	escribe your claim	and state the amo	ount of the claim at th	ne time case filed
1	RED NONPRIORIT			SECU	RED CLAIM		
		s no collateral or lien securing yo	ur claim or h) vous cl		heck this box if y	our claim is secur	ed by collateral (including
excee	eds the value of the pr	roperty securing it or if c) none of			nght of setoff)		
	ed to priority			В	ref description o	f collateral	
	RED PRIORITY CL			İΣ	Real Estate	☐ Motor Vehicle	Other
L —	k this box if you have a ed to priority	an unsecured claim all or part of	which is	1	alue of Collatera		375,000.00
1	int entitled to priority	\$					at time case filed included in
Speci	fy the priority of the cl	laım			ed claim if any		
ì—————————————————————————————————————		ns under 11 U S C § 507(a)(1)(A	a) or (a)(1)(B)	Un to \$2.2	25* of deposits tow	ard nurchase lease	or rental of property or
Wage	es salaries or commis	ssions (up to \$10 000)* earned v	within 180 days	services fo	r personal family	or household use -1"	1 U S C § 507(a)(7)
before	e filing of the bankrupt	tcy petition or cessation of the de lier - 11 U.S.C. § 507(a)(4)	ebtor's				1 U S C § 507(a)(8)
l		ree benefit plan 11 USC § 50	7(a)(5)			ragraph of 11 U S C	• (/(/
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	AMOUNT OF CLA	AIM \$	\$ 5	0,000.00	\$		\$ 50,000.00
AFTIN	IE CASE FILED	(unsecured)		(secured)		(priority)	(Total)
Check	this box if claim incli	udes interest or other charges in	n addition to the princ	apal amount of th	e claim Attach ite	emized statement of	fall interest or additional charges
6 CRED	ITS The amount o	of all payments on this claim i	nas been credited a	nd deducted for	the purpose of	making this proof o	of claim
7 SUPP	ORTING DOCUM	MENTS Attach copies of su	pporting documents	such as prom	ssory notes pui	rchase orders invo	oices itemized statements of
running	g accounts, contrac	cts court judgments, mortgag cuments are not available, ex	jes security agreen	nents and evide	nce of perfection	n of lien DO NOT	SEND ORIGINAL
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proof o	of claim						
		pleted proof of claim form					THIS SPACE FOR COURT
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govern	nmental units)		•		·		
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	ox 911 Jundo CA 90245-09	911		East Franklın A gundo, CA 9024			
DATE		SIGN and print the name and to	tle if any of the credit	or or other persor			USA CMC
16 -	12-06	this claim (attach copy of	power of attorney if a	iny)			1072500740
10-	100	> topher	yours.	Jula			1012300740
Penalty for	presenting fraudulent	t claim is a fine of up to \$500 00	or imprisonment for u	p to 5 years or bo	th 18USC §§	152 AND 3571	

DISTRICT OF NEVADA	PRO	DOF OF CLAIM	123 Page	9 5 Of 11
Name of Debtor:	Case No	ımber:		
USA Commercial Mortgage Company	06-10°	725-LBR		A CONTRACTOR OF THE CONTRACTOR
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exparising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		Y OWED MONEY BY A BORROWE
Name of Creditor and Address:	8	statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the	OF CLAIM. THIS BORROWER HEI DO NOT FILE TH SECURED INTER ONE OF THE DE If you have ain Bankruptcy Court	eady filed a proof of claim with the or BMC, you do not need to file again
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies of	debtor:	court.		E IS FOR COURT USE ONLY
		Check here replace or if this claim amen	a previously	filed claim dated:
1. BASIS FOR CLAIM Goods sold Personal injury/wrongful death Taxes Money loaned Other (describe briefly)	Wages,	penefits as defined in 11 U.S. salaries, and compensation (for digits of your SS #: sompensation for services per	ill out below)	Unremitted principal Other claims against service (not for loan balances)
I am a direct lender inBinford Medical De I have been baid on the HRA NORTH YONKERS	velope	rs, LLC		to (date) (date)
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that	_ 3. IF C	OURI JUDGMENT, DATE O	BTAINED: int of the claim at the	ne time case filed.
See reverse side for important explanations. UNSECURED NONPRIORITY CLAIM \$ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim, or b) your claim, or b) you entitled to priority.	your claim ur claim is	SECURED CLAIM Check this box if yo a right of setoff). Brief description of		ed by collateral (including
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim, all or part of which is		Real Estate		Other
entitled to priority.		Value of Collateral:	\$I do n	ot know
Amount entitled to priority \$		Amount of arrearage an secured claim, if any: \$		at time case filed included in
Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		Up to \$2,225* of deposits towar services for personal, family, or	d purchase, lease, household use -11	or rental of property or U.S.C. § 507(a)(7).
business, whichever is earlier - 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	H	Taxes or penalties owed to gov Other - Specify applicable para * Amounts are subject to adjust with respect to cases commence	graph of 11 U.S.C. ment on 4/1/07 and	§ 507(a) ().
5. TOTAL AMOUNT OF CLAIM \$ \$ 1 AT TIME CASE FILED:	50,000			\$
(unsecured) Check this box if claim includes interest or other charges in addition to the	•	ecured) amount of the claim. Attach item	(priority) ized statement of	(Total) all interest or additional charges.
6. CREDITS: The amount of all payments on this claim has been credity. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> , running accounts, contracts, court judgments, mortgages, security account of the documents are not available, explain. If the documents are not available, explain.	<u>nents,</u> suc	ch as promissory notes, purch	ase orders, invo	ices itemized statements of
B. DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.				envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5:00 pm, for each person or entity (including individuals, partnerships, co governmental units).	prevailing	Pacific time, on November	13.2006	THIS SPACE FOR COURT USE ONLY
Attn: USACM Claims Docketing Center P. O. Box 911	3MC Grou Attn: USAC I330 East	R OVERNIGHT DELIVERY TO: p CM Claims Docketing Center Franklin Avenue o, CA 90245	FILE	NOV 0 6 2006
DATE SIGN and print the name and title, if any, of the	creditor or o			USA CMC
this claim (attach copy of power of attorne Harval & Harval	y, ir any):			1072501045

	·			
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM		
Name of Debtor	Case Nu	ımber		
LISA Commercial Mortgage Co	06	-10725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers		_		
This form should not be used to make a claim for an administrative ansing after the commencement of the case A 'request" for payme administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to		
Name of Creditor and Address	1229	your claim Attach copy of statement giving particulars		
Louise Alport Kolberg, trust the Louise Alport Kolberg Revocable Trust	hee of	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	1	IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NO
Revocable Trust		Check box if this address differs from the address on the	ONE OF THE DE If you have alr	BTORS eady filed a proof of claim with the
Out to Talleton New West and G. 1113		envelope sent to you by the court	l ' *	or BMC you do not need to file again
Creditor Telephone Number (30) 229-6663 Last four digits of account or other number by which creditor identifi	es debtor			CE IS FOR COURT USE ONLY
	es debioi	Check here replace of this claim amen	a previously	filed claim dated 11/10/06
1 BASIS FOR CLAIM	Retiree I	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
☐ Goods sold ☐ Personal injury/wrongful death	☐ Wages	salanes, and compensation (fill out below)	Other claims against service
Services performed Taxes	Last four	digits of your SS #	·	(not for loan balances)
Money loaned Other (describe briefly) See Exhibit A	Unpaid o	compensation for services per	rformed from	to (date) (date)
2 DATE DEBT WAS INCURRED March 20, 2006 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes		OURT JUDGMENT, DATE On the your claim and state the amount of the state the		he time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$50,378.	. h) ala	Check this box if yo	our claim is secu	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim or exceeds the value of the property securing it or if c) none or only part of entitled to priority		a right of setoff) Brief description of	collateral	
UNSECURED PRIORITY CLAIM		Real Estate	Motor Vehicle	Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	\$ UNL	ENDEN
Amount entitled to priority \$		Amount of arrearage ar	nd other charges	at time case filed included in
Specify the priority of the claim		secured claim it ally	1701	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(I Wages salaries or commissions (up to \$10 000)* earned within 180 d before filing of the bankruptcy petition or cessation of the debtor's	· -	Up to \$2 225* of deposits towa services for personal family o	r household use -1	1 U S C § 507(a)(7)
business whichever is earlier - 11 U S C § 507(a)(4)	<u> </u>	Taxes or penalties owed to go		* ',','
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	<u> </u>	Other - Specify applicable para * Amounts are subject to adjus- with respect to cases commen	stment on 4/1/07 ar	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ 50,378.	\$ 50,3	78. \$		\$ <i>50</i> ,378.
AT TIME CASE FILED (unsecured) Check this box if claim includes interest or other charges in addition to	•	secured) amount of the claim. Attach itel	(priority) mized statement o	(Total)
6 CREDITS The amount of all payments on this claim has been of	credited and o	leducted for the purpose of m	aking this proof	of claim
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting designed</u> running accounts contracts court judgments mortgages secund DOCUMENTS if the documents are not available explain if the documents are not available.	ity agreement	s and evidence of perfection	of lien DO NO	oices, itemized statements of T SEND ORIGINAL
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BMC Group Attn USACM Claims Docketing Center	BMC Gro Attn USA	up ،CM Claims Docketing Cente	-	
P O Box 911	1330 Eas	t Franklin Avenue		4 9 9887
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Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §\$ 152 AND 3571

1072502185

Name of Debtor: USA Commercial Mortgage Co. STEC See Reserve for Lat of Debtors and Case Number: BK-S-06-10725-IJER NOTE: See Reserve for Lat of Debtors and Case Number: Intermetable of the bounder for act and for an administrative expense analing after the commencement of the case. A frequent for payment of a ministrative expense analing after the commencement of the case. A frequent for payment of a ministrative expense analing after the commencement of the case. A frequent for payment of a ministrative expense analing after the commencement of the case. A frequent for payment of a ministrative expense analing after the commencement of the case. A frequent for payment of a ministrative expense analing after the commencement of the case. A frequent for payment of a ministrative expense analing after the commencement of the case. A frequent for payment of a ministrative expense analing after the commencement of the case. A frequent for payment of a ministrative expense analing after the commencement of the case. A frequent for payment of a ministrative expense analing after the commencement of the case. A frequent for payment of a ministrative expense analing after the commencement of the case. A frequent for payment of a ministrative expense analing after the commencement of the case of the ministrative expense analing after the commencement of the case. A frequent for the case of the ministrative expense analing after the commencement of the case of the ministrative expense analing after the commencement of the case of the ministrative expense and payment and the ministrative expense and payment and the case of the ministrative expense and payment and the case of the ministrative expense and payment and the case of the ministrative expense and the payment of the case of the ministrative expense and the payment of the case of the ministrative expense and the payment of the case of the payment of the	,			, ,			
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USA Commercial Mortgage Co. NOTE: See Reverse for List of Debtons and Case Numbers. This form should not be used to make a claim for an administrative expenses interesting the street of the street	ľ	Name of Debtor:		Case Nu	ımber:	1	
This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor and Address: E. Grace Marston, Trustee of the Marston Family Trust dated 8/13/93 1.244+1. Road 44+ Mancos, 60 81.328 Creditor Talephone Number () 97.0-533-90.94 Last four digits of account or other number by which creditor identifies detect. Creditor Talephone Number () 97.0-533-90.94 Last four digits of account or other number by which creditor identifies detect. The Creditor Talephone Number () 97.0-533-90.94 Last four digits of account or other number by which creditor identifies detect. The Creditor Talephone Number () 97.0-533-90.94 Last four digits of account or other number by which creditor identifies detect. The Creditor Talephone Number () 97.0-533-90.94 Last four digits of account or other number by which creditor identifies detect. The Creditor Talephone Number () 97.0-533-90.94 Last four digits of your count or other number by which creditor identifies detect. The Creditor Talephone Number () 97.0-533-90.94 Last four digits of your 25.8: 1114(a) Last four digits of your 25.8: 111			al Mortgage Co.	BK-S	S-06-10725-LBR		
E. Grace Marston, Trustee of the Marston Family Trust dated 8/13/93 2444 Road 44 Mancos, CO 81328 Check box if you have more received say notices and companies on the sates of the sates and the sates of t		This form should not be used arising after the commenceme administrative expense may b	to make a claim for an administrative expent of the case. A "request" for payment of filed pursuant to 11 U.S.C. § 503.		aware that anyone else has filed a proof of claim relating to		
Marston Pamily Trust dated 8/13/93 12/441 Road 444 Marcos, C0 81328 Greater Telephone Number 970-533-9084 Last four digits of account or other number by which creditor identifies benther as the second of th	١				statement giving particulars.	1	
Creditor Talephone Number () 97.0 – 533 – 90.84 Creditor Talephone Number () 97.0 – 533 – 90.84 Creditor Talephone Number () 97.0 – 533 – 90.84 Creditor Identifies debtor: Creditor Identifies		Marston Fam 12441 Road 4	ily Trust dated 8/1 4		never received any notices from the bankruptcy court or BMC Group in this case.	SECURED INTER	REST IN A BORROWER THAT IS NOT
Creation Telephone Number (970-533-9084 Cast four digits of account or other number by which creditor identifies debtor:	l				differs from the address on the		
Last four digits of account or other number by which creditor identifies debtor: Check here Teplaces a previously filed claim dated: This claim manual members manual	I	Craditar Talanhana Number /) 070-533-0080				
BASIS FOR CLAIM				debtor:			E 10 T OK COOK T COE CKET
Goods sold Personal injury/wrongful death Services performed Taxes Tax					is the calcius II	. a previously	filed claim dated:
Services performed	1			Retiree I	penefits as defined in 11 U.S.	.C. § 1114(a)	Unremitted principal
The pest the properties by the property securing it, or if of none or only part of your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim, or b) your claim is secured by collateral (including a check this box if a) there is no collateral or lien securing your claim, or b) your claim is secured by collateral (including a check this box if a) there is no collateral or lien securing your claim, or b) your claim is secured by collateral (including a check this box if you have an unsecured claim, all or part of your claim is entitled to priority. Amount entitled to priority \$ Specify the priority of the claim: Demestic support obligations under 11 U.S.C. \$507(a)(1)(A) or (a)(1)(B) your desired by the priority of the claim: Demestic support obligations under 11 U.S.C. \$507(a)(1)(A) or (a)(1)(B) your desired by the priority of the claim: Demestic support obligations under 11 U.S.C. \$507(a)(1)(A) or (a)(1)(B) your desired by the priority of the claim: Demestic support obligations under 11 U.S.C. \$507(a)(1)(A) or (a)(1)(B) your desired by the priority of the claim. Contributions to an employee benefit plan - 11 U.S.C. \$507(a)(5). Takes or penalties oved to governmental units - 11 U.S.C. \$507(a)(B). The contributions to an employee benefit plan - 11 U.S.C. \$507(a)(5). The contributions to an employee benefit plan - 11 U.S.C. \$507(a)(5). The contributions to an employee benefit plan - 11 U.S.C. \$507(a)(5). The contributions to an employee benefit plan - 11 U.S.C. \$507(a)(5). The contributions to an employee benefit plan - 11 U.S.C. \$507(a)(5). The contributions to an employee benefit plan - 11 U.S.C. \$507(a)(5). The contributions to an employee benefit plan - 11 U.S.C. \$507(a)(5). The contributions to an employee benefit plan - 11 U.S.C. \$507(a)(5). The c		=	Taxes		•	fill out below)	Other claims against servicer (not for loan balances)
2. DATE DEBT WAS INCURRED: 08/31/2005 S. IF COURT JUDGMENT, DATE OBTAINED: NA 4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. See reverse side of the protory. UNSECURED NONPRIORITY CLAIM \$ Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: Check this box if your laim is secured by collateral (including a right of setoff). Brief description of collateral: Value of Collateral: UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority. Amount entitled to priority Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$10,000*); earned within 190 days business, whichever is earlier - 11 U.S.C. § 507(a)(5). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). Taxes or pensities oved to governmental units - 11 U.S.C. § 507(a)(5). Taxes or pensities oved to governmental units - 11 U.S.C. § 507(a)(5). Taxes or pensities oved to governmental units - 11 U.S.C. § 507(a)(5). Taxes or pensities oved to governmental units - 11 U.S.C. § 507(a)(5). Taxes or pensities oved to governmental units - 11 U.S.C. § 507(a)(5). Taxes or pensities oved to governmental units - 11 U.S.C. § 507(a)(5). Taxes or pensities oved to governmental units - 11 U.S.C. § 507(a)(5). Taxes or pensities oved to governmental units - 11 U.S.C. § 507(a)(5). Taxes or pensities oved to governmental units - 11 U.S.C. § 507(a)(5). Taxes or pensities oved to governmental units - 11 U.S.C. § 507(a)(5). Taxes		Money loaned			compensation for services pe	rformed from:	to
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that beat describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. □ Check this box if y there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if () none or only part of your claim is entitled to priority. UNSECURED PRIORITY CLAIM □ Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority. Specify the priority of the claim: □ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) □ Wages, salaries, or commissions (up to \$10,000)*, earned within 130 days before filing of the bankruptory petition or cessation of the debtor's business, whichever is earlier *11 U.S.C. § 507(a)(f). □ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(f). 5. TOTAL AMOUNT OF CLAIM \$ \$ 52, 430.56 \$ \$ \$ 52, 430.56 \$ \$ \$ 52, 430.56 \$ \$ \$ \$ 52, 430.56 \$ \$ \$ \$ 52, 430.56 \$ \$ \$ \$ \$ 52, 430.56 \$ \$ \$ \$ \$ \$ 52, 430.56 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$					CHIEF WIDOMENT DATE	DTAILED AT	
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Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority. Amount entitled to priority \$ Specify the priority of the claim: Domestic support obligations under 11 U.S.C. \$ 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or essestion of the debtor's business, whichever is earlier - 11 U.S.C. \$ 507(a)(A). Contributions to an employee benefit plan - 11 U.S.C. \$ 507(a)(S). Total AMOUNT OF CLAIM \$ \$ 52,430.56 \$ \$ \$ 507(a)(C). Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. SUPPORTING DOCUMENTS: **Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. Do NOT SEND ORIGINAL DOCUMENTS: **Itach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. Do NOT SEND ORIGINAL DOCUMENTS: If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BMC Group Attr. USACM Claims Docketing Center P.O. Box 911 SIGN and pr			AIRA		Brief description of	collateral:	
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Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). *Amounts are subject to adjustment on 4/1/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. 5. TOTAL AMOUNT OF CLAIM \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		before filing of the bankrupto	cy petition or cessation of the debtor's		Taxes or penalties owed to go	overnmental units -	11 U.S.C. § 507(a)(8).
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AT TIME CASE FILED: (unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. 6. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY HAND OR OVERNIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911 SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): J. Morley Marstor, POA for E. Grace Marstor					with respect to cases commer		date of adjustment.
(unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. 6. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. DATE-STAMPED COPY: To receive an acknowledgment of the filling of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY HAND OR OVERNIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911 SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): J. Morley Marston, POA for E. Grace Marston 10/23/2006	۱		IM \$\$	52,	<u> 430.56</u> \$		\$ 52,430.56
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY HAND OR OVERNIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911 SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): J. Morley Marston, POA for E. Grace Marston			, ,	•	•		• •
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8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY HAND OR OVERNIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911 BIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): J. Morley Marston, POA for E. Grace Marston	- 1	7. SUPPORTING DOCUM running accounts, contract	IENTS: Attach copies of supporting documents, court judgments, mortgages, security a	<i>iments,</i> su agreement	uch as promissory notes, pure s, and evidence of perfection	chase orders, inv of lien. DO NO	oices, itemized statements of
ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY HAND OR OVERNIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911 SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): J. Morley Marston, POA for E. Grace Marston		8. DATE-STAMPED COP	•		-	•	l envelope and copy of this
BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911 DATE 10/23/2006 BY HAND OR OVERNIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245 El Segundo, CA 90245 DATE 10/23/2006 SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): J. Morley Marston, POA for E. Grace Marston		ACCEPTED) so that it is for each person or entity	actually received on or before 5:00 pm	, prevailir	ng Pacific time, on Novemb	er 13, 2006	
Attn: USACM Claims Docketing Center Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911 DATE 10/23/2006 SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): J. Morley Marston, POA for E. Grace Marston		BY MAIL TO:) :	
P. O. Box 911 El Segundo, CA 90245-0911 SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): J. Morley Marston, POA for E. Grace Marston		BMC Group	ceting Center		•	ır	
DATE 10/23/2006 SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): J. Morley Marston, POA for E. Grace Marston		P. O. Box 911	-	1330 Eas	t Franklin Avenue		
10/23/2006 this claim (attach copy of power of attorney, if any): J. Morley Marston, POA for E. Grace Marston	-						
			this claim (attach copy of power of attorn POA for E. Grace Ma	ney, if any):	J_Morley Mar	rston,	

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 19 U.S.C. \$§ 152 AND 3571

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM	
Name of Debtor:	Case Nu	mber:	
USA Commercial Mortgage Co.	BK-S	-06-10725 <i>-</i> LBR	
NOTE: See Reverse for List of Debtors and Case Numbers.			
This form should not be used to make a claim for an administrative experising after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	
Name of Creditor and Address:		statement giving particulars.	
John M. Marston & Linda S. Marst 12441 Road 44 Mancos, CO 81328	on	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT
		Check box if this address differs from the address on the envelope sent to you by the	ONE OF THE DEBTORS. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.
Creditor Telephone Number () 970-533-9084		court.	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies de	ebtor:	Check here replace or if this claim amen	a previously filed claim dated:
1. BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U.S.	C. § 1114(a) Unremitted principal
Goods sold Personal injury/wrongful death		salaries, and compensation (fill out below)
Services performed Taxes		digits of your SS #:	(not for loan balances)
	Unpaid c	ompensation for services per	formed from: to to
2. DATE DEBT WAS INCURRED: 08/31/2005	_	OURT JUDGMENT, DATE O	
 CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that be See reverse side for important explanations. 	best descri	•	
UNSECURED NONPRIORITY CLAIM \$			Binford Medical)
Check this box if: a) there is no collateral or lien securing your claim, or b) you exceeds the value of the property securing it, or if c) none or only part of your entitled to priority.		a right of setoff).	our claim is secured by collateral (including
UNSECURED PRIORITY CLAIM		Brief description of	
Check this box if you have an unsecured claim, all or part of which is		Real Estate	
entitled to priority.		Value of Collateral:	
Amount entitled to priority \$ Specify the priority of the claim:		Amount of arrearage an secured claim, if any:	nd other charges <u>at time case filed</u> included in \$\\ \tag{2.430.56}\$ (see attached
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)			ard purchase, lease, or rental of property or r household use -11 U.S.C. § 507(a)(7).
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's			vernmental units - 11 U.S.C. § 507(a)(7).
business, whichever is earlier - 11 U.S.C. § 507(a)(4).			egraph of 11 U.S.C. § 507(a) ().
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		* Amounts are subject to adjust with respect to cases commen	stment on 4/1/07 and every 3 years thereafter ced on or after the date of adjustment.
5. TOTAL AMOUNT OF CLAIM \$ \$	52,4	30.56 \$	\$ 52,430.56
AT TIME CASE FILED: (unsecured) [X] Check this box if claim includes interest or other charges in addition to the	•	ecured) amount of the claim. Attach iter	(priority) (Total)
6. CREDITS: The amount of all payments on this claim has been credit			
7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> running accounts, contracts, court judgments, mortgages, security ag DOCUMENTS. If the documents are not available, explain. If the documents are not available, explain.	<u>nents,</u> su greements	ch as promissory notes, purd , and evidence of perfection	hase orders, invoices, itemized statements of of lien. DO NOT SEND ORIGINAL
8. DATE-STAMPED COPY: To receive an acknowledgment of the f proof of claim.			•
The original of this completed proof of claim form must be sent be ACCEPTED) so that it is actually received on or before 5:00 pm, proof of each person or entity (including individuals, partnerships, congovernmental units).	prevailin rporatio	g Pacific time, on Novembens, joint ventures, trusts an	er 13, 2006 USE ONLY
BY MAIL TO: BMC Group	BMC Grou	·	<u> </u>
		CM Claims Docketing Center Franklin Avenue	
El Segundo, CA 90245-0911 E	El Segund	lo, CA 90245	
DATE SIGN and print the name and title, if any, of the this claim (attach copy of power of attorned Linda S. Marston Markton Mark	creditor or ey, if any):	other person authorized to file John Warst	on &

UNI EP SASE	ogane.	(45 pyv28 1840 88154)	31 689	POFF REPORTATIONS	6:12:23ge Pagrez	29 of 11
Name of Deblor:		Salad and a second of the seco	Case Nu	mber:		
		Cammanu	06-10725-LBR			
USA Commercial M	ortgage	Company	00-107	29-LBR		
NOTE: See reverse criss				—		
		claim for an administrative exp		Check box if you are aware that anyone else has		
ansing aπerice continencemental administrative expense may be	ent of the c to feed non	case. A 'request" for payment suant to 11 U.S.C. § 503	or an	filed a proof of claim relating		OWED MONEY BY A BORROWER
Name of Creditor and	ाप्तापालका क	· Transferred in the first and the first service of the service of		to your claim. Attach copy of statement giving particulars.		BEING SERVICED BY THE D NOT HAVE TO FILE A PROOF
Name of Greditor and		·· 		_	OF CLAIM. THIS I	NCLUDES MONEY FROM THAT O IN THE COLLECTION ACCOUNT.
5. CI 7:13		1132 (2×203) 24	υ	Check box if you have never received any notices	BURROWER HELL	W THE COLLECTION ACCOUNT.
				from the bankruptcy court or		PROOF OF CLAIM FOR A
ERECOUT N				BMC Group in this case.	SECURED INTERE	EST IN A BORROWER THAT IS NOT TORS.
				Check box if this address differs from the address on the		ady filed a proof of claim with the
1				envelope sent to you by the	1	or BMC, you do not need to file again.
Creditor Telephone Number (ાંલ) 😘 🕽	-1137		court.		IS FOR COURT USE ONLY
Last four digits of account or	cther nu∘n	er by which creditor identifies	debtor:	Check here replace or if this claim amer	cesCLA M4 # (-00) a previously finds	151,123,674,673 filed claim dated: 10120 ao 10123 ao
1. BASIS FOR CLAIM			Retiree t	penefits as defined in 11 U.S.	.C. § 1114(a)	Unremitted principal
☐ Goods 30Hd	[] Per 34	c nal injur //wrongful death		salaries, and compensation (Other claims against servicer
Services performed	[∏Tab∈9	ı: L_		digits of your SS #:		(not for loan balances)
Money loaned	El Otto U EL	(describe briefly)		compensation for services pe	rformed from:	(date) to
2. DATE DEBT WAS INCUR	RED:	TTICKO	3. IF C	OURT JUDGMENT, DATE O	DBTAINED:	(date) (date)
	IN. Che	k the appropriate box or boxes that				e time case filed.
UNSECURED NONPELORIT				SECURED CLAIM		
Check this box if: a) there is	s no collater	rator lien securing your claim, or b) your claim	, <u>~</u>	our claim is secure	ed by collateral (including
exceeds the value of the pre- entitled to priority.	cperty secu	ring it, or it o) none or only part of y	our claim is	a right of setoff). Brief description of	f collateral:	•
UNSECURED PRIORITY CL	MUM			Real Estate		Поч
Check this box if you have entitled to priority.	an unsecure	e I claim, a I or part of which is		Value of Collateral		U Other
Amount entitled to priority	\$					at time case filed included in
Specify the priority of the of	eim:			secured claim, if any:	\$ 633.3	at time case filed included in
1 · · · · · · · ·		J.S.C. § £07(a)(1)(A) or (a)(1)(B)		Up to \$2,225° of deposits town	ard purchase, lease,	or rental of property or
		o \$10,000)", earned within 180 day	3	services for personal, family, o		
before filing of the bankrup business, whichever is earl				Taxes or penalties owed to go		
-		slan - 11 U.S.C. § 507(a)(5)	L	Other - Specify applicable par		
Contains and to all employe	00 00 10 m p	mail of S.S.S. g sortano.		 Amounts are subject to adju with respect to cases commer 		
5. TOTAL AMOUNT OF CLA	UM \$	\$	50,0	000 - \$		\$ 50,633,33
AT TIME CASE FILED:		(unsecured)		secured)	(priority)	(Total)
Check this box if claim incl	ud e s intere	s: or other charges in addition to t	he principal	amount of the claim. Attach ite	emized statement of	all interest or additional charges.
6. CREDIT'S: The amount of	f all paym	ents on this claim has been cre	dited and	deducted for the purpose of n	naking this proof o	of claim.
7. SUPPORTING DOCUM	MENTS:	Attach copies of supporting doc	uments, su	uch as promissory notes, pur	chase orders, invo	pices, itemized statements of
running accounts, contrac	xts, court ji	ud gments, mortgage s, security	agreement	ts, and evidence of perfection	of lien. DO NOT	SEND ORIGINAL
		re not available, explain. If the				anyelene and conv of this
proof of claim.		eceive an acknowledgment of the		•		envelope and copy of this
The original of this com	pleted pro	oof of claim form must be se received on or before 5:00 pr	nt by mail	or hand delivered (FAXES N	NOT	THIS SPACE FOR COURT
		ng individuals, partnerships,				USE ONLY
governmental units). BY MAIL TO:			RY HAND	OR OVERNIGHT DELIVERY TO		
BMC Group		y a strain of	BMC Gro	up		
Attn: USACM Claims Dod P. O. Box 911	keting Ce	nier		ACM Claims Docketing Cente at Franklin Avenue	er	
El Segundo, CA 90245-09	911			do, CA 90245		
DATE		print the name and title, if any, of t				
12/7/06	r '.	claim (attach copy of power of atto		A .		
121100 James, Echickinght						

	BRIGHE (REMEMBARING POPULAR PROPERTY POPULAR POPULAR POPULAR PROPERTY POPULAR	Zone Hadeniu olli
Case vegetos 10725 Ibr 46/am pa	OOF OF CLAIM	1-age (1-by) 40
Name of Debtor Case N	lumber	- WED AND FILED
USA Commercial Mortgage Compay 01	lumber 6-10725-USA	CELAFO WUD LIFED
NOTE See Reverse for List of Debtors and Case Numbers	1	006 OCT 20 P 2: 21
This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an	Check box if you are aware that anyone else has	TOTAL COURT
administrative expense may be filed pursuant to 11 U.S.C. § 503.	filed a proof of claim relating the your claim Attack copy of	ATRICIA GRAY. CLERK
Name of Creditor and Address:	statement giving particulars	AIRIOR GRAN
JAMES E MCKNIGHT 11321241002809	Check box if you have	
233 BRANCH AVE	never received any notices from the bankruptcy court or	NOT FILE THIS PROOF OF CLAIM FOR A
FREEPORT NY 11520-6007	BMC Group in this case SI	ECURED INTEREST IN A BORROWER THAT IS NOT NE OF THE DEBTORS
}	Check box if this address	If you have already filed a proof of claim with the
	envelope sent to you by the Bourt	ankruptcy Court or BMC you do not need to file again.
Creditor Telephone Number (570 377 - /55-7) Last four digits of account or other number by which creditor identifies debtor	4	THIS SPACE IS FOR COURT USE ONLY
	Check here replaces	a previously filed claim dated
1 BASIS FOR CLAIM Retiree	benefits as defined in 11 U.S.C.	§ 1114(a) Unremitted principal
Goods sold Personal injury/wrongful death Wages	salaries, and compensation (fill	
FXt Manay tagged FX Other (describe basel)	ur digits of your SS#	(not for lean balances)
BINFORD MEDICAL DEV. In Terres Y	compensation for services perform	
	COURT JUDGMENT, DATE OBT	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or bexes that best desi		
See reverse side for important explanations	SECURED CLAIM	1
UNSECURED NGNPRIORITY CLAIM \$ Check this box if a) there is no collateral or hep securing your claim, or b), your claim.	the state of the s	claim is secured by collateral (including
exceeds the value of the property securing it, or it c) rione or only part of your claim is entitled to priority	anght of setoff)	1
UNSECURED PRIORITY CLAIM	Brief description of co	
Check this box if you have an unsecured claim, all or part of which is	Real Estate	Motor Vehicle
entitled to priority	Value of Collateral	\$ 11,166,667.00
Amount entitled to priority \$	Amount of arrearage and a	other charges at time case filed included in SEE OTHER CLAIM FORM
Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		
Wages, salanes or commissions (up to \$10,000)* earned within 180 days	services for personal family or he	burchașe, lease or rental of property or busehold use -11 U.S.C. § 507(a)(7).
before filling of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U S C § 507(a)(4)		mental units 11 U S.C § 507(a)(8)
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		ph of 11 USC § 507(a) ()
	with respect to cases commenced	ent on 4/1/07 and every 3 years thereafter ton or after the date of adjustment.
5 TOTAL AMOUNT OF CLAIM \$ \$ 63	3 3 3 \$	\$
(unsecured)		onority) (Total)
Check this box if claim includes interest or other charges in addition to the principal	amount of the claim Attach itemiz	ed statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and 7 SUPPORTING DOCUMENTS. Attach corner of averaging documents.	deducted for the purpose of make	ng this proof of claim
running accounts, contracts, court rudgments, mortgages, security agreemen	is, and evidence of perfection of	ION TO MOT SEND OPICIANI
DOCOMENTS. If the documents are not available, explain if the documents	s are voluminous attach a summ	ary
8 DATE STAMPED COPY To receive an acknowledgment of the filing of proof of claim		•
The original of this completed proof of claim form must be sent by mail ACCEPTED) so that it is actually received on or before 5.00 pm, prevails for each person or entity (including individuals, partnerships, corporation).	ng Pacific time, on November 1	THIS SPACE FOR COURT 3, 2006 USE ONLY
Governmental units).		-
BWC Group F		
PO Box 911	ACM Claims Docketing Center st Franklin Avenue	1
El Segundo, CA 90245-0911 El Segun	do, CA 90245	
DATE SIGN and print the name and title if any, of the creditor of this claim (attach copy of power of attorney if any)	or other person authorized to file	
10/6/00 James & McKnie	U+	
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to	5 years or both 18 U S C 68 152	AND 3571
	00	

UNTER CASE OF	40472440022516 16 8 854 17		6:28 _{age} Page <u>2</u> 1 of 11	
Name of Deblor	THE RELATIONSHIP CONTROL OF SAME AND ADMINISTRATION OF THE PROPERTY OF THE PRO	Case Number:	1	
USA Commercial Morg	raco Compony	06-10725-LBR	· ·	
		00-10723-EBIX		
NOTE: See reverse or Lis (1):	ecc s and Case Numbers also a claim for an administrative exp	ense Check box if you are		
tansing after the commencement of	et tr⊫∉ase. 'A ' request" for payment o	of an aware that anyone else has	- vevi	
administrative expense may be the	ed parsuant to 11 U.S.C. § 503.	filed a proof of claim relating to your claim. Attach copy of	IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE	
Name of Creditor and Art	dre 3-3:	statement giving particulars.	DEBTORS YOU DO <u>NOT</u> HAVE TO FILE A PROOF	
	1132124203724		OF CLAIM. THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT.	
W CERUGATI, JAME		Check box if you have never received any notices	-	
233 BRANCH AVE		from the bankruptcy court or	DO NOT FILE THIS PROOF OF CLAIM FOR A	
FREEPORTK ()	1520	BMC Group in this case.	SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.	
		Check box if this address differs from the address on the	Married to the state of the sta	
4		envelope sent to you by the	Bankruptcy Court or BMC, you do not need to file again.	
Creditor Telephone Number (6/17)	377-1467	court.	THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other	numt er by which creditor identifies o	Check here replifithis claim ame	acesCLA ML# (00751, 723, 674, 673 or a previously filed claim dated: 10120 ac ands 10123 ac	
1. BASIS FOR CLAIM		Retiree benefits as defined in 11 U.S	1-1-01-4	
	ات العالم العام الع			
	Table 91	Wages, salaries, and compensation	(fill out below) Other claims against servicer (not for loan balances)	
1 -	Other (describe briefly)	Last four digits of your SS #:	·	
Moriey daned	CINIFORD MED	Unpaid compensation for services p		
2 DATE DEST WAS DICHEDED		3. IF COURT JUDGMENT, DATE	(date) (date)	
2. DATE DEBT WAS INCURRED 4. CLASSIFICATION OF CLAIM. See reverse side for important explanations.	Check the appropriate box or boxes that	t best describe your claim and state the an		
UNSECURED NONPRIORITY C		SECURED CLAIM		
	collaterator lien securing your claim, or b)	your claim Check this box if	your claim is secured by collateral (including	
exceeds the value of the propert	y securing it, or if c) none or only part of yo	our claim is a right of setoff).	•	
entitled to priority.		Brief description	of collateral:	
	nsecured claim, all or part of which is	Real Estate	Motor Vehicle Other	
entitled to priority.	individuality at the plant of transcribe	Value of Collatera	al: \$ 11,166,667.00 EST	
Amount ontided to pricrity	\$	Amount of arrearage	and other charges at time case filed included in	
Specify the priority of the claim:		secured claim, if any:	\$ 633:33 (INTEREST-SEE	
Domestic support obligations und	dar 1 1. J.S.C. § £07(a)(1)(A) or (a)(1)(B)	Up to \$2,225° of deposits to	ward purchase, lease, or rental of property or	
	(up to \$10,000)*, earned within 180 days	· · · · · · · · · · · · · · · · · · ·	or household use -11 U.S.C. § 507(a)(7).	
business, whichever is earlier - 1	etition or cessation of the debtor's 11 U.S.C. § 507(a)(4).		governmental units - 11 U.S.C. § 507(a)(8).	
Contributions to an employee be	enefit plan - 11 U.S.C. § 507(a)(5)		aragraph of 11 U.S.C. § 507(a) ().	
			lustment on 4/1/07 and every 3 years thereafter enced on or after the date of adjustment.	
5. TOTAL AMOUNT OF CLAIM	\$ \$	50,000 - \$	\$ 50,633,33	
AT TIME CASE FILED:	(unsecured)	(secured)	(priority) (Total)	
		•	temized statement of all interest or additional charges.	
		dited and deducted for the purpose of		
7. SUPPORTING DOCUMEN	ITS: Attach covies of supporting docu	<u>iments,</u> such as promissory notes, pu	archase orders, invoices, itemized statements of	
		agreements, and evidence of perfectiv Accuments are voluminous, attach a s	on of lien. DO NOT SEND ORIGINAL	
	•		ed, self-addressed envelope and copy of this	
proof of claim.	•			
ACCEPTED) so that it is act	ually received on or before 5:00 pm	t by mail or hand delivered (FAXES , prevailing Pacific time, on Novem corporations, joint ventures, trusts	ber 13, 2006 USE ONLY	
governmental units).		to the same of the	the second control of	
BY MAIL 1'O: BMC Group		BY HAND OR OVERNIGHT DELIVERY I	io:	
Attn: USACM Claims Docketin	ng Center	Attn: USACM Claims Docketing Cen	ter	
P. O. Box 911 El Segundo, CA 90245-0911		1330 East Franklin Avenue El Segundo, CA 90245		
	N and print the name and title if any of the	e creditor or other person authorized to file		
12/2/01	this claim (attach copy of power of attor	ney, if any):		
121106 Comes, Echickinght				